

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

9/486084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		2				
6		1				
7		1				
8		2				
9		(1)				
10		(1)				
11	1		1			
12		1				
13		1				
14		1				
15		4				
16		1				
17		4				
18		(1)				
19		(1)				
20		(1)				
21		1				
22		(1)				
23		(1)				
24		(1)				
25		1				
26		1				
27		2				
28		(1)				
29		(1)				
30	1		1			
31		1				
32		1				
33		1				
34		2				
35		1				
36		1				
37		2				
38		(1)				
39		(1)				
40	1		1			
41		1				
42		1				
43		1				
44		3				
45		1				
46		1				
47		2				
48		(1)				
49		(1)				
50		1				
TOTAL IND.			4			
TOTAL DEP.			54			
TOTAL CLAIMS			58			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		(1)		
52		(1)		(1)		
53		(1)		(1)		
54		1		(1)		
55		1		(1)		
56		2				
57		(1)		1		
58		(1)				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						